

Maine CDC/DHHS Update on 2009 H1N1 Influenza Virus
January 7, 2010

Flu Activity in Maine and the US

Flu activity in Maine has decreased enough to be classified as “regional” instead of “widespread.” **However, people are still being hospitalized due to H1N1, and it is important to be aware that flu comes in waves. Vaccination is the best protection for yourself and the people you care about.**

An Aroostook County resident in the 50 to 64 age group died earlier this week in part due to complications related to H1N1. The deceased was diagnosed with H1N1 in mid-December and had multiple serious underlying conditions. (This death was reported to Maine CDC after the surveillance information at the end of this report was compiled, and therefore will not be reflected in that data at the end of this update.)

All 18 deaths due to H1N1 since August have been among people with underlying health conditions, which emphasizes the importance of getting vaccinated if you have a [high-risk condition](#), including asthma, emphysema, diabetes, heart disease, kidney and liver disorders, neurological disorders, blood disorders, cancer, HIV or AIDS, and others.

There were 5 new hospitalizations due to H1N1 last week, up from 3 the week before. Two children under age 18 were hospitalized, with one in intensive care; one young adult under age 24 was hospitalized and in intensive care; and two adults under age 65 were hospitalized. Hospitalizations occurred in Aroostook, Hancock, and Penobscot counties.

Vaccine is widely available, and we encourage everyone to be vaccinated. Information on flu vaccine clinics, including many free ones, is available by calling 211, checking www.maine flu.gov (free ones in bold font) or by contacting one’s health care provider.

H1N1 Vaccine Supply and Prioritization

Nearly 800,000 cumulative doses of H1N1 vaccine have arrived in Maine since October, which is an increase of 300,000 in just the last 2 ½ weeks. Maine CDC is able to meet the demand for vaccine, so if a health care provider needs more vaccine, they should order additional doses, as per the instructions below. **We recommend health care providers offer H1N1 vaccine to every patient at every visit, every hospitalization, or other health care encounter, assuming contraindications do not exist. Such strategies as standing orders and adding H1N1 vaccine status to intake and discharge questions are appropriate to consider. It is important to take advantage of this window of opportunity (declining disease burden and expanded vaccine supply) to encourage vaccine.**

There is an abundant supply of nasal spray vaccine in the state. We request that nasal spray vaccine be given to anyone who is eligible to receive it. The nasal spray vaccine is a safe and effective vaccine option for healthy people ages 2 through 49 years old who are not pregnant. For more information on nasal spray vaccine, please see our Fact Sheet at: http://www.maine.gov/dhhs/boh/maineflu/LAIV_factsheet.pdf.

Important Information for Vaccine Administrators

Vaccination is the best way to protect patients and to slow down the circulation of the virus, which may also help to prevent unwanted changes in the virus. **Maine CDC encourages all appropriately licensed health care providers to register for, order, and offer H1N1 vaccine to their patients**, including those health care providers in non-traditional settings for vaccine, such as specialists and those providing care for populations who may not seek vaccine, such as those with serious mental illness.

For health care providers to receive vaccine for the first time to administer to patients there is a simple two-step process:

1. Register for a PIN: <http://www.maine.gov/dhhs/boh/maineflu/h1n1/provider-agreement-2009-2010.shtml>.
2. Once the PIN is received, place an order for vaccine:
<http://www.maine.gov/DHHS/boh/maineflu/h1n1/health-care-providers.shtml>.

Please note that **all H1N1 vaccine providers and/or administrators must submit the vaccine administration data into Maine CDC's weekly vaccine reporting system.** The weekly vaccine reporting form can be found at: <http://www.maine.gov/dhhs/boh/maineflu/h1n1/health-care-providers.shtml>. Detailed instructions are also available at: <http://www.maine.gov/dhhs/boh/maineflu/h1n1/H1N1-Weekly-Reporting-Form-instructions.pdf>.

If a health care provider is already registered but is running low on H1N1 vaccine, the provider should:

- Confirm that you have placed orders for all the vaccine you need. You may order more by completing this form: <http://www.maine.gov/dhhs/boh/maineflu/h1n1/hc-providers/h1n1-vaccine-orderform.shtml>.
- It often takes 7-10 days to replenish a health care provider's vaccine supply. If you have **acute vaccine needs** or other related concerns or questions, email flu.questions@maine.gov or call the Immunization Program at: 287-3746 or toll free at 1-800-867-4775 Monday – Friday 8 am – 5 pm.

If local vaccine supplies are not sufficient while awaiting more vaccine, Maine CDC recommends focusing the limited supply on those patients in the five high priority groups (pregnant women, people ages 6 months through 24 years-old, people 25 through 64 years-old with an underlying medical condition, caregivers and household contacts of infants younger than 6 months, and health care workers). Patients can also be referred to public clinics which can be found by calling 211 or checking www.maine.gov.

Health care providers who have too much vaccine should contact their local Vaccine Coordinator to arrange for redistribution.

Vaccine Coordinators:

District 1 – York:	Sharon Leahy-Lind, 490-4625, sharon.leahy-lind@maine.gov
District 2 – Cumberland:	Becca Matusovich, 797-3424, becca.matusovich@maine.gov
District 3 – Western Maine:	MaryAnn Amrich, 753-9103, maryann.amrich@maine.gov (Franklin, Oxford, and Androscoggin counties)
District 4 – Mid Coast:	Jen Gunderman-King, 596-4278, jennifer.gunderman-king@maine.gov (Waldo, Knox, Lincoln, and Sagadahoc counties)
District 5 – Central Maine:	Sue Lee, 592-5634, susan.j.lee@maine.gov (Somerset and Kennebec counties)
District 6 – Penquis:	Jessica Fogg, 592-5633, jessica.fogg@maine.gov (Penobscot and Piscataquis counties)
District 7 – Downeast:	Al May, 263-4975, alfred.may@maine.gov (Washington and Hancock counties)
District 8 – Aroostook:	Stacy Boucher, 592-5632, stacy.boucher@maine.gov
Tribal Vaccine Coordinator:	Jerolyn Ireland, 532-2240, Ext. 15, jireland@maliseets.com

Vaccine Return:

The only vaccines that should be returned are those that arrive non-viable or appear to be damaged during transit.

Providers with concerns about vaccine viability during transit from the McKesson Distributor should call 877-836-7123 immediately upon receipt of the package.

Once a provider takes receipt of the vaccine as a usable product, it is that provider's responsibility to ensure proper disposal of any damaged, expired, or un-used vaccine unless it has been recalled. Health care providers who have sufficient supplies and no longer need vaccine they receive should contact their local vaccine coordinator (listed above) to arrange for redistribution.

Changes in Ancillary Supply Kits:

As supplies of Influenza Vaccination Record cards are exhausted, US CDC will no longer be including these cards in shipments of H1N1 vaccine. Within a single shipment, cards could be included with one type of vaccine and not others.

Vaccinating Small Children

The 0.25 mL pre-filled syringe presentation of vaccine for children ages 6-36 months will no longer be available for order. Maine CDC makes the following recommendations for vaccinating small children:

- **Use the Sanofi or CSL multidose vial for all children ages 6 months to two years of age**
- **Use the nasal spray vaccine for healthy children ages two years and older, when available and appropriate**
- **Use the Sanofi or CSL multidose vial for children ages two and older who are not eligible to receive nasal spray vaccine, or when nasal spray is unavailable**

People with concerns about thimerosal in multidose vial presentations of vaccine should see US CDC's new fact sheet on thimerosal included below and available at: http://www.cdc.gov/h1n1flu/vaccination/vaccine_factsheet.htm

Seasonal Flu Vaccine

Maine CDC's Immunization Program has filled all of its orders for seasonal flu vaccine, and is unable to place additional orders for vaccine. Most seasonal flu vaccine in the state is ordered privately and is not under the control of Maine CDC.

There have been several national delays in privately supplied seasonal flu vaccine, and more demand for this vaccine than usual. Limited amounts of seasonal flu vaccine remain. Providers who are seeking more information about seasonal flu vaccine availability and ordering may check these web sites: <http://www.preventinfluenza.org/ivats/> and <http://www.cdc.gov/flu/professionals/vaccination/#supply>

US CDC continues to encourage those at highest risk from flu complications to seek seasonal flu vaccine and receive H1N1 vaccine, as recommended. People ages 65 and older at highest risk for complications from seasonal flu. Others are high risk for complications from seasonal flu include pregnant women, children younger than 2 years-old, and people with underlying health conditions. If you fall into one of these groups and have not been able to locate vaccine, check with your health care provider or look for seasonal flu clinics listed at www.maine flu.gov and with 211.

Conference Call for Partners Holding Public Vaccine Clinics

A conference call to address questions regarding expectations of partners who have agreed to host H1N1 vaccine clinics and receive funding from Maine CDC to support those efforts will be held at noon on **Monday, Jan. 11**. The call-in number is 1-800-244-5901 with the pass code 749239. This call will focus on the development of some concrete ideas for how to meet the objectives of funding provided to partners, and approaches to develop and implement plans for administration of vaccine to broad populations statewide. Representatives of hospitals, health centers and schools will be invited to join this discussion. During calls, please press *6 to mute your line un-mute when you are actively participating.

Fact Sheet on Thimerosal in H1N1 Flu Vaccine

Following is a new fact sheet from US CDC on the safety of thimerosal in flu vaccine:

Safety of Thimerosal in Vaccines Against 2009 H1N1 Flu

The Centers for Disease Control and Prevention (CDC) is aware that pregnant women, parents of young children, and others may have questions about the safety of thimerosal in vaccines against 2009 H1N1 flu. Here is some information to help you in making decisions.

Thimerosal Use Prevents Vaccine Contamination

Thimerosal is a mercury-containing preservative that is added to multi-dose vials (vials containing more than one dose) of vaccine to prevent contamination and growth of potentially harmful bacteria. This may occur when a syringe needle enters a vial as a vaccine is being prepared for administration. Such contamination could cause serious local reactions, illness, or death.

Many Studies Have Found Thimerosal In Vaccines To Be Safe

Thimerosal is a very effective preservative that has been used since the 1930s to prevent contamination in a number of products including some multi-dose vials of vaccines.

Data from 19 studies show no convincing evidence of harm caused by the low doses of thimerosal in vaccines, except for minor local injection site reactions like redness and swelling at the injection site. For more information on thimerosal and its safety, visit: [General Questions and Answers on Thimerosal](#)

Some Flu Vaccines Against 2009 H1N1 Contain Thimerosal

Since influenza vaccines are produced in large quantities for annual immunization campaigns, some vaccines are produced in multi-dose vials. FDA licensed (approved) both multi-dose vials and single-dose units of the 2009 H1N1 flu vaccine. The multi-dose vials of 2009 H1N1 flu vaccine contain thimerosal, while injectable single-dose units do not. In addition, the live-attenuated version of the vaccine, which is called LAIV and administered as a nasal spray, is produced in single-units and does not contain thimerosal.

Thimerosal-free Flu Vaccines Against 2009 H1N1 May Be Limited

Some priority groups may not be able to find injectable thimerosal-free 2009 H1N1 flu vaccine due to a [recent recall](#) of pre-filled, single-dose syringes manufactured by Sanofi Pasteur. Since LAIV is only approved for people from 2 through 49 years of age who are not pregnant and do not have certain health conditions, this means pregnant women and children from ages 6 through 23 months may have difficulty obtaining a thimerosal-free 2009 H1N1 vaccine. Remember, it is safe for children and pregnant women to receive a flu vaccine that contains thimerosal.

Getting The Flu Vaccine Is Safer Than Getting The Flu

It is important to keep in mind that severe illness and possible death can be associated with influenza, and vaccination is the best way to prevent influenza infection and its complications. Currently, the 2009 H1N1 flu virus (sometimes called “swine flu”) seems to be causing serious health outcomes for the following priority groups:

- Healthy young people from birth through age 24
- Pregnant women
- Adults 25 to 64 who have certain underlying medical conditions

Children, especially those younger than 5 years of age and those who have high risk medical conditions are at increased risk of influenza-related complications.

Research Shows No Link Between Thimerosal And Autism

CDC places a high priority on vaccine safety, surveillance, and research. CDC is aware that the presence of the preservative thimerosal in some vaccines and misconceptions of a relationship to autism has raised concerns. These concerns make the decisions surrounding vaccinations confusing and difficult for some people, especially some parents. Most research done in the United States, and around the world, shows no link between thimerosal in vaccines and autism, a neurodevelopment disorder. In fact, sadly, autism rates have actually gone up since thimerosal was taken out of childhood vaccines in 2001, providing further evidence that thimerosal-containing vaccines are not related to autism.

Updates from Federal Partners

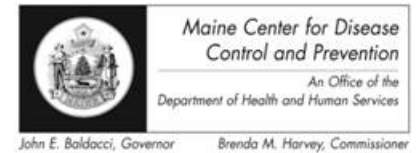
- Olympians, Paralympians and others training for the 2010 Olympics were vaccinated against H1N1 this week: <http://www.flu.gov/news/blogs/olympians.html>
- This MMWR summarizes the results of an assessment in two North Carolina counties that studied people’s intent to receive H1N1 and seasonal flu vaccine: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5850a1.htm>
- This MMWR describes the effectiveness of the seasonal flu vaccine against H1N1 influenza: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5844a5.htm?s_cid=mm5844a5_e

How to Stay Updated

- **Flu News:** View current Maine CDC press releases, weekly updates, and urgent updates from our Health Alert Network (HAN) by visiting: <http://www.maine.gov/dhhs/boh/maineflu/flu-news.shtml>. RSS feeds are available for the weekly updates and HAN.
- **Follow Maine CDC's Social Media Updates:**
 - **Facebook** (search for "Maine CDC")
 - **Twitter** (<http://twitter.com/MEPublicHealth>)
 - **MySpace** (www.myspace.com/mainepublichealth)
 - **Maine CDC's Blog** (<http://mainepublichealth.blogspot.com>)
- **For clinical consultation, outbreak management guidance,** and reporting of an outbreak of H1N1 call Maine CDC's toll free 24-hour phone line at: 1-800-821-5821.
- **For general questions:**
 - call **2-1-1** from 8 a.m. to 8 p.m. seven days per week
 - e-mail flu.questions@maine.gov

Maine Weekly Influenza Surveillance Report

January 5, 2010



Cumulative data since April 27, 2009

- 2,220 lab tested cases of H1N1 to date
 - 225 Maine residents have been hospitalized
- 17 deaths reported to date
- 89% of lab confirmed H1N1 cases in Maine residents are under the age of 50 (range 0-89 years, mean of 22 years)

New* This Week

- Federal Flu Code: Regional
- 8 new confirmed and probable cases of H1N1 this week
 - 5 new hospitalizations
- No new outbreaks

* "New" defined as reported during the previous week (Sunday through Saturday)

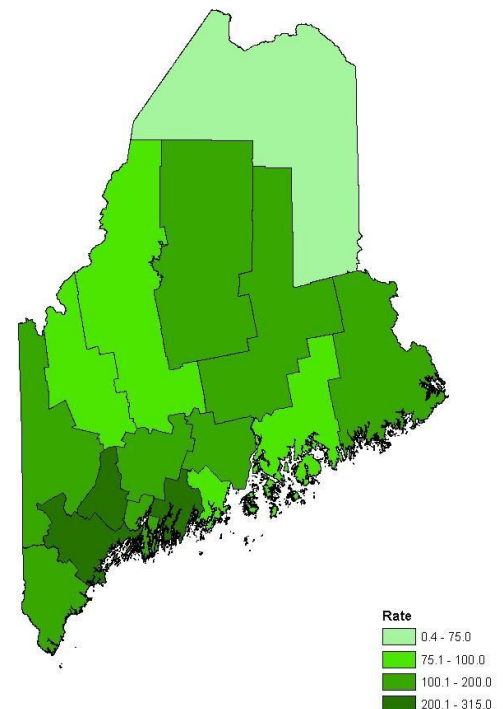
Characteristics of Lab Confirmed H1N1 Influenza Cases - Maine Residents, 2009

Age		At Risk					Hospital Care			Deaths		
Age Group	#	New	HCW	New	Pregnant	New	Hospitalized	New	ICU	New	#	New
<5	245	0	0	0	0	0	27	0	4	0	0	0
5 to 18	1015	4	1	0	0	0	30	2	6	1	0	0
19 to 24	220	1	11	0	8	0	15	1	2	1	1	0
25 to 49	476	2	36	0	23	1	60	1	14	0	2	0
50 to 64	203	1	15	0	0	0	62	1	24	0	6	0
≥65	61	0	0	0	0	0	31	0	10	0	8	0
Total	2220	8	63	0	31	1	225	5	60	2	17	0

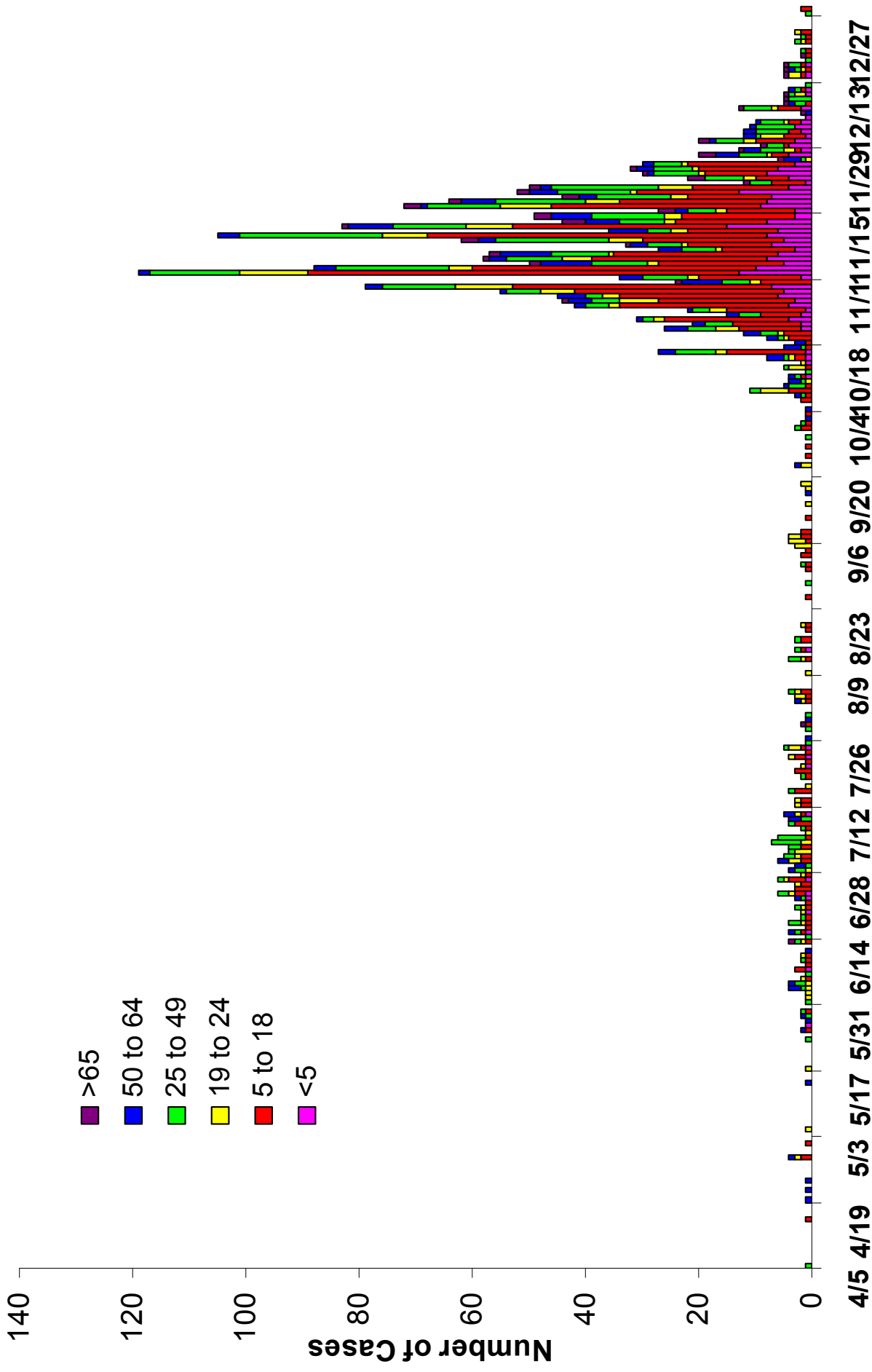
Lab confirmed H1N1 Influenza Cases by County – Maine Residents, 2009

County	Maine Residents	New	Hosp	New
Androscoggin	231	0	30	0
Aroostook	59	3	6	2
Cumberland	642	0	37	0
Franklin	30	1	8	0
Hancock	47	1	7	1
Kennebec	155	0	18	0
Knox	41	0	6	0
Lincoln	104	0	1	0
Oxford	66	0	8	0
Penobscot	294	3	48	2
Piscataquis	21	0	8	0
Sagadahoc	40	0	0	0
Somerset	46	0	5	0
Waldo	43	0	2	0
Washington	61	0	7	0
York	340	0	34	0
Total	2220	8	225	5

Lab Confirmed H1N1 Infections per 100,000 People by County - Maine Residents, 2009



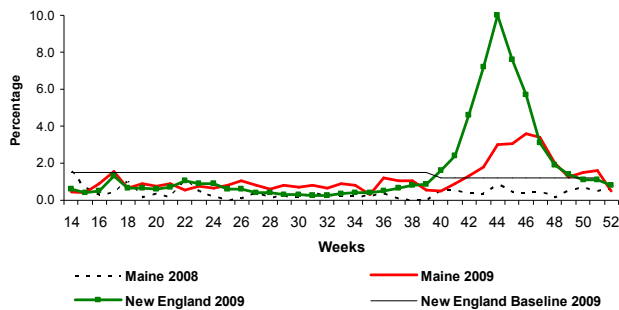
Confirmed Cases of H1N1 Influenza By Onset Date* and Age Group – Maine Residents, 2009



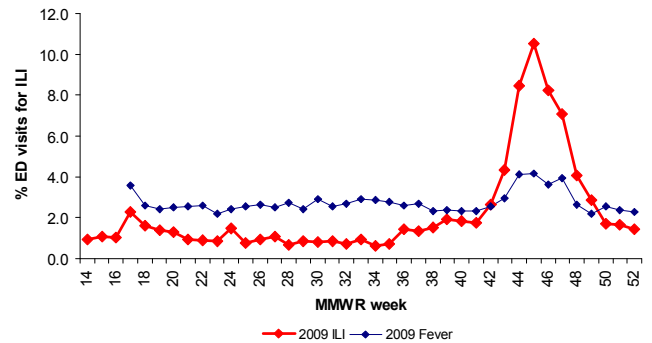
*if onset date is not available, the date reported to the state is used as the onset date

Surveillance Information

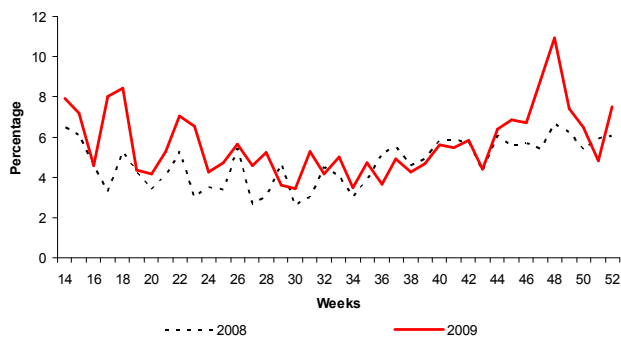
Outpatient Visits for Influenza-like Illness – Maine, 2008-09



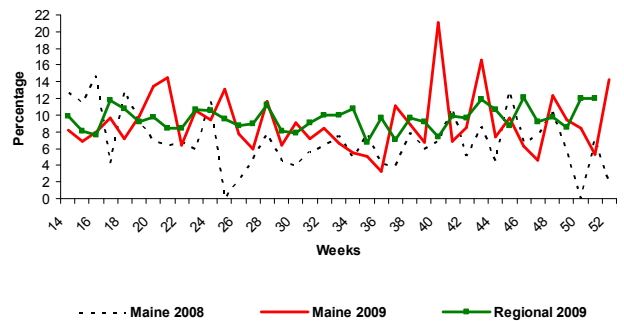
Emergency Department Visits for ILI and Fever at Thirteen Hospitals – Maine, 2009



Hospital Admissions Due to Pneumonia or Influenza – Maine, 2008-09



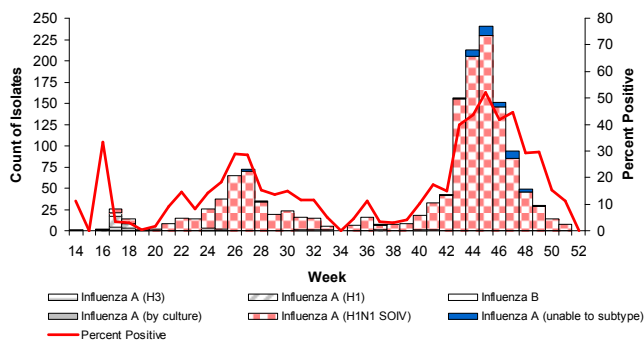
Percentage of Deaths Attributable to Pneumonia or Influenza – Maine, 2008-09



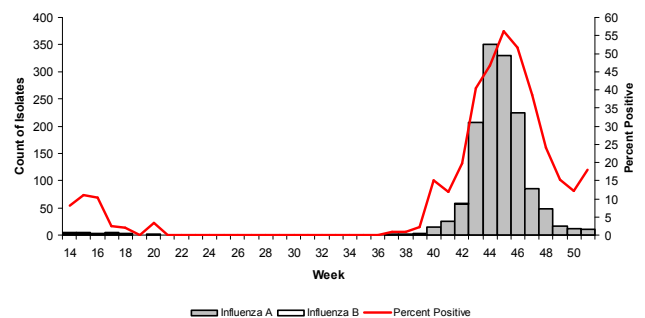
Lab Data

- 7,690 influenza tests have been performed at HETL since April 27, 2009
 - 18.3% of tests have been positive for H1N1

Respiratory Specimens Positive for Influenza from HETL – Maine, 2009

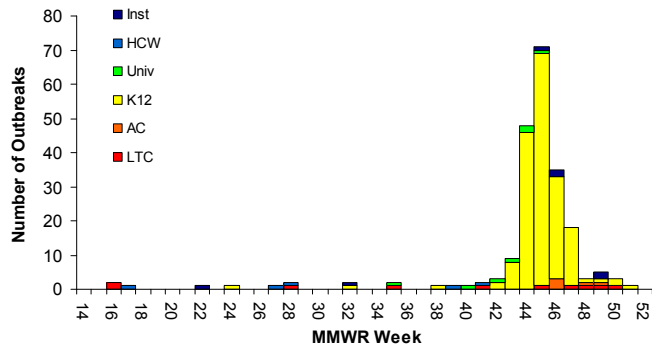


Respiratory Specimens Positive for Influenza from Two Reference Laboratories - Maine, 2009



Influenza-Like Illness Outbreaks – Maine, 2009

Influenza-Like Illness Outbreaks by Facility Type - Maine, April – present, 2009



Outbreak Facility Type Key:

LTC - Long Term Care Facility
 AC - Acute Care Facility (nosocomial)
 K12 - School (K-12) or daycare
 Univ - School (residential) or University
 HCW - Health care workers
 Inst - Other institutions (workplaces, correctional facilities etc)

Influenza-Like Illness Outbreaks by Facility Type and County - Maine, April – Present, 2009

County	LTC	New	AC	New	K12	New	Univ	New	HCW	New	Inst	New
Androscoggin	0	0	2	0	18	0	1	0	0	0	0	0
Aroostook	0	0	1	0	12	0	0	0	0	0	0	0
Cumberland	1	0	2	0	15	0	1	0	1	0	2	0
Franklin	1	0	0	0	0	0	1	0	0	0	0	0
Hancock	0	0	0	0	9	0	0	0	0	0	0	0
Kennebec	1	0	0	0	25	0	0	0	1	0	0	0
Knox	0	0	0	0	4	0	0	0	0	0	0	0
Lincoln	1	0	0	0	6	0	0	0	0	0	1	0
Oxford	2	0	0	0	9	0	1	0	0	0	0	0
Penobscot	0	0	0	0	34	0	0	0	0	0	3	0
Piscataquis	0	0	0	0	5	0	0	0	0	0	0	0
Sagadahoc	0	0	0	0	3	0	0	0	0	0	0	0
Somerset	0	0	0	0	8	0	1	0	1	0	0	0
Waldo	0	0	0	0	9	0	0	0	0	0	1	0
Washington	1	0	0	0	8	0	1	0	0	0	0	0
York	3	0	0	0	14	0	1	0	0	0	1	0
Total	10	0	5	0	179	0	7	0	3	0	8	0